IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15368 DATE 5/3/94

OWNER OR CONTRACTOR Keith W. Hack TAX MAP NO. 46 3A 6+7

ADDRESS Rt 10 Box 893 Mooresville, NC 28115 PHONE: Business 4650-69-6371 Home 663-2567

Watershed: ☐ Yes ☑ No

LOCATION On County TR Overcash TR 2377 TR Woodtree LN, 3rd + 4th lots on (L)

SUBDIVISION KENDALWOOD BLOCK / SECTION 1 LOT 6+7 LOT AREA ~1AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1012 Date 2-23-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 3 Max Trench Bottom Depth 38" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Conv - Dist Box

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

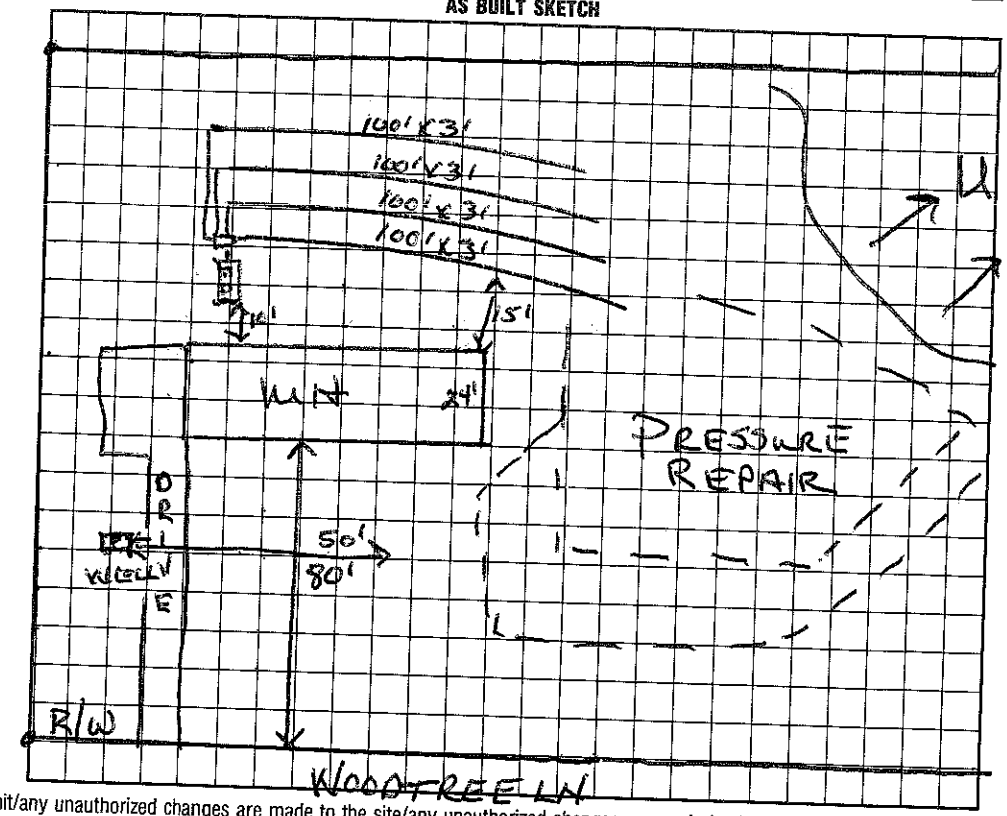
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Don Lackey

Certificate of Completion by: Wesley Sparkes date 5/3/94

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD